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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted With Initial Filing       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	GG119.2US
First Named Inventor	Carl Risinger
<b>COMPLETE IF KNOWN</b>	
Application Number	Unassigned
Filing Date	August 29, 2001
Group Art Unit	Unassigned
Examiner Name	Unassigned

EK748827470US

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**DETECTION OF CYP2C19 POLYMORPHISMS**

the specification of which *(Title of the Invention)* is attached hereto

OR

 was filed on (MM/DD/YYYY)  as United States Application Number or PCT InternationalApplication Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?
			YES	NO
0021286.0	GB	08/30/2000	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below

ApplicationNumber(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/01 (10-00)

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	28996	<i>OR</i>	<input type="checkbox"/> Correspondence address below
Name					
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City		State	ZIP		
Country		Telephone			Fax 617-964-7974
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Family Name Risinger or Surname			
Carl					
Inventor's Signature		Date			
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Mailing Address Geijersgatan 25C					
Mailing Address					
City	State	ZIP	Country		
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NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Family Name Andersson or Surname			
Maria Kristina					
Inventor's Signature		Date			
Residence: City		State	Country	Citizenship	
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Mailing Address Backvagen 14					
Mailing Address					
City	State	ZIP	Country		
Uppsala		SE-756-52	Sweden		
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>one</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
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Inventor's Signature		Date		
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Citizenship	Swedish			
Mailing Address	Rosenvägen 6			
Mailing Address	Same as above			
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		Sweden		
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Erik		Olaisson		
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City	Uppsala	State	Zip	SE-757 57
		Country		
		Sweden		
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature		Date		
Residence: City		State	Country	Citizenship
Mailing Address				
Mailing Address				
City		State	Zip	Country

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